

DEC 29 2005

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# Fax

<b>To:</b>	Examiner David E. Graybill	<b>From:</b>	Leslie S. Szivos
<b>Fax:</b>	(571) 273-8300	<b>Pages:</b>	12 pages including cover sheet
<b>Phone:</b>		<b>Date:</b>	12/29/2005
<b>Re:</b>	U.S. Serial No: 10/645,047 Group Art Unit: 2822 Confirmation No: 6546 Docket No: YOR920030029US2 (16841)	<b>CC:</b>	

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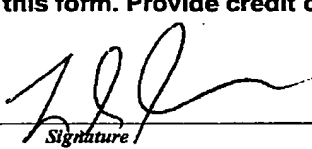
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2. Amendment Transmittal Letter (in duplicate)
3. Response Under 37 C.F.R. §1.116
4. Authorization to charge deposit account

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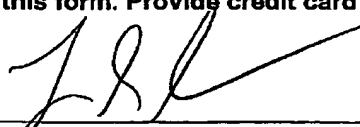
PAGE 2/12 \* RCVD AT 12/29/2005 4:14:04 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/28 \* DNIS:2738300 \* CSID:5167424366 \* DURATION (mm-ss):03-44

DEC 29 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>YOR920030029US2 (16841)</b>	
Applicant(s): <b>Sampath Purushothaman, et al.</b>						
Application No. <b>10/645,047</b>	Filing Date <b>August 21, 2003</b>	Examiner <b>David E. Graybill</b>	Customer No. <b>23389</b>	Group Art Unit <b>2822</b>	Confirmation No. <b>6546</b>	
Invention: <b>DOUBLE SOI DEVICE WITH RECESS ETCH AND EPITAXY</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	30	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>December 29, 2005</b>			
<b>Leslie S. Szivos</b> <b>Registration No. 39,394</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza, Suite 300</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>			<div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              (Date)              _____              Signature of Person Mailing Correspondence              _____              Typed or Printed Name of Person Mailing Correspondence           </div>			
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DEC 29 2005

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TOTAL CLAIMS	30 -	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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 Signature			Dated: <b>December 29, 2005</b>			
<b>Leslie S. Szivos</b> Registration No. 39,394  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence _____			
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Response Under 37 C.F.R. § 1.116  
Examining Group 2822  
Expedited Procedure

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Sampath Purushothaman, et al.

**Examiner:** David E. Graybill

**Serial No:** 10/645,047

**Art Unit:** 2822

**Filed:** August 21, 2003

**Docket:** YOR920030029US2 (16841)

**For:** DOUBLE SOI DEVICE WITH RECESS  
ETCH AND EPITAXY

**Dated:** December 29, 2005

**Confirmation No.** 6546

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P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

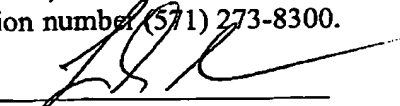
In response to the Final Office Action dated November 2, 2005, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this document is being filed in the United States Patent and Trademark Office on the date shown below via facsimile transmission to Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 at United States Patent and Trademark Office facsimile transmission number (571) 273-8300.

Dated: December 29, 2005

  
Leslie S. Szivos